PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/015322

| | • | CLAIMS AS | (Column | | (Column 2) | | | TYPE | | | OR SMALL ENTITY | | |
|---|--|---|----------------|--------------|----------------------|------------------|----------|--------------------------|------------------------|---------|-----------------|---------------|--|
| TOTAL CLAIMS | | | γ σ | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 10 minus 20= | | • 0 | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * Ø | | | X42= | | OR | X84= · | | |
| MUL | TIPLE DEPEND | DENT CLAIM PF | RESENT | | | | | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" is | | | | | | olumn 2 | | TOTAL | '3 X | OR | TOTAL | · 7: 4 | |
| U/29/04 GLAIMS AS AMENDED - PART II | | | | | | | | SMALL | ENTITY | OR | OTHER SMALL | | |
| | Jr. | (Column 1) | | (Colu | | (Column 3) | 1 | | |) | | ADDI- | |
| AMENDMENT A | | CLAIMS REMAINING AFTER | | NUM PREVI | IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | AMENDMENT . | Minus | ** | 20 | . (| + | X\$ 9= | | OR | X\$18= | | |
| | Independent | • 3 | Minus | *** | 3_ | - 0 | | X42≐ | | OR | X84= | | |
| ۷ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140=. | | OR | +280= | ~ | |
| | | | | | | | | | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEE OR ADDIT. FEE | | | | | |
| _ | | (Column 1) CLAIMS | | | imn 2) HEST | (Column 3 | ' | | ADDI- | 1 | | ADDI- | |
| AMENDMENT B | | REMAINING | | NUA | ABER | PRESENT | | RATE | TIONAL | | RATE | TIONAL | |
| | | AFTER AMENDMENT | | | OUSLY FOR | EXTRA | | | FEE | 1 | | FEE | |
| | Total | * | Minus | ** | | | | X\$ 9= | ļ | OR | X\$18= | | |
| | Independent | * | Minus | *** | = = : ::: | = | 4 | X42= | | OR | X84 ≓ | · | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ٢ | +140= | · | OR | +280= | | |
| | | | | | | | | TOTAL | \ | OR | TOTAL | | |
| AC | | | | | | | | | L | | ADDIT. FEE | | |
| | | (Column 1) | | (Col | umn 2) | (Column : | 3)_ | | | | | | |
| | | CLAIMS | | | HEST MBER | PRESENT | | | ADDI- | 1 | | ADDI- | |
| | | REMAINING AFTER | | | MOUSLY | EXTRA | | RATE | TIONAL | | RATE | TIONAL | |
| | | AMENDMENT | | PAI | D FOR | | - | | FEE | 4 | | FEE | |
| AMENDMENT C | Total | * | Minus | ** | | • | 4 | X\$ 9= | <u> </u> | OF | X\$18= | | |
| | Independent | <u> • </u> | Minus | *** | | | 4 | X42= | | OF | X84= | | |
| ال | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OF | +280= | | |
| 1 to the color in column 1 to less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, while 20. ADDIT. FEE | | | | | | | | | | | | | |
| | The 'Highest Nur | umber Previously Proper Previously P | aid For (Total | or Indepe | ndent) is ti | ne highest nur | nberi | ound in the a | ppropriate b | ox in (| cotumn 1. | | |
| | | | | | | | | | | | | | |